

			achusetts l um Repo	• ,	of Environmenta	al Protection	ı - Drinking V	Vater Proç	JAN 0 \$ 222
. Pi	NS INFO	ORMATI	ON: Please re	fer to your DEP W	ater Quality Sampling S	chedule (WQSS)	to help complete i	ihis form	Solly se
	S ID #:		307001		•		innah		
PW	S Name:	<u></u>		noag Tribal Housing	g Authority		PWS Class:	COM 🔽 N	TNC TNC
	EP LOCA		1			<u> </u>		Date	1
	(LOC) II			DEP Location	Name .		nformation	Collected	Collected By
A	EP00	01	Pump House			☐ (M)uitiple ☐ (S)ingle	☐ (R)aw ☑ (F)inished	12/01/20	Customer
В						(M)ultiple (S)ingle	(R)aw (F)inished		
С						(M)ultiple	(R)aw (F)inished		
D.	11 1.7.7					(M)ultiple	(R)aw		
	Routin			nal, Resubmitted			submitted Repor		ate of Original Sample
A	✓ RS	☐ ss	Original		onfirmation Resampl		Report Correction		
в	RS	⊒ □ ss	Original	Resubmitted C	onfirmation Resampl	e Reanalysis	Report Correction		
С	☐ RS 【	□ ss	Original			e Reanalysis	Report Correction		
미	RS (□ ss	Original		onfirmation Resampl	<u> </u>	Report Correction	- Uncillos \	and the second
-	SAMPLE	NOTES	(Such as, if	a Manifold/Multiple	sample, list the source	s that were on-lin	e during sample co	mection.)	
A B									
c									
<u> </u>					•		3		
Δ1	ΙΔΙ ΥΤΙΟ	ÀL LAF	ORATORY I	NFORMATION:				÷ ****	
	ry Lab M/		M-MA-0		Name: Barnstable C	ounty Health Lab		Subcontra	cted? (Y/N) N
	sis Lab M			Analysis Lab	<u> </u>				
-	SOF	NUM	MCL	MDL.					Lab
٠.	100	(mg/L)	(mg/L)	(mg/L)	Lab Metho	d	Date Analyzed		Sample ID#
I	10	6	None	2.5	SM 3111E		12/29/20		20123206-01
4			None						
+	.		None None						
			n, however the DE		and Standards has establis		RSG) limit of 20 mg/l b	eased on an eight	(8) ounce serving.
de			MPLE NOTES						
<u> </u>	1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		arri ma land		<u> </u>	entre <u>l'annaire</u>	s, e.	- 1. Set Q. Al.	
١			_ 				•		
-									
3			-		rson Primany	_ab Director Signa	ature:	2/	<i>g</i>
		ll out this f	orm and the inform	of law that I am the penation contained hereing the penation of my knowledge.		J	Date:	DEC20	
auti true	accurate a	ll out this f and comple a these re:	orm and the informate to the best extended to the best extended to the best exited to the best exits allowed to the best e	nation contained herei ont of my knowledge. . mail TWO copies of	in is this report to your DEP Rea	nional Office no later	Date:	DEC20 e end of the mon	th in which you received
auti true If no this	accurate a et submitting report or no	ll out this f and comple g these res o later than	orm and the informate to the best extended to the best extended to the best exited to the best exits allowed to the best e	nation contained herei ont of my knowledge. r, mail <u>TWO</u> copies of e end of the reporting p	in is	nional Office no later	Date:	DEC20 e end of the mon	th in which you received

Volatile Organic Contaminant Report

Page 2 of 2

MDL ug/L

PWS ID#:

010307001

20123419-01 Lab Sample ID#

	UNREGULATED	Results	MDL		ADDITIONAL UNREGULATED and/or	Results	
AS#	VOC CONTAMINANTS	ug/L	ug/L	CAS#	NON-TARGET VOC CONTAMINANTS	ug/L	, '
7.66.3	CHLOROFORM*	ND	0.50		(Report if analyzed or otherwise detected)	ug/L	
	BROMODICHLOROMETHANE	ND	0.50	109-99-9	TETRAHYDROFURAN (THF)*		
	CHLORODIBROMOMETHANE	ND	0.50		TERT-BUTYL ALCOHOL (TBA)*		
	BROMOFORM	ND	0.50	1748-03-8	TERT-AMYL METHYL ETHER (TAME)*		
	M-DICHLOROBENZENE	ND	0.50	637-92-3	ETHYL TERTIARY BUTYL ETHER		i.
	DIBROMOMETHANE	ND	0.50		(ETBE)		
	1.1-DICHLOROPROPENE	ND	0.50	108-20-3	DI-ISOPROPYL ETHER (DIPE)		
	1,1-DICHLOROETHANE*	ND	0.50	67-64-1	ACETONE*		
	1,1,2,2-TETRACHLOROETHANE	ND	0.50	76-13-1	FREON 113*		
		ND	0.50		METHYL ETHYL KETONE (MEK)*		
	1,3-DICHLOROPROPANE	ND	0.50	108-10-1	METHYL-ISOBUTYL KETONE (MIBK)*		
	CHLOROMETHANE BROMOMETHANE*	ND	0.50				
	1.2.3-TRICHLOROPROPANE	ND	0.50				
		ND	0.50				
	1,1,1,2-TETRACHLOROETHANE CHLOROETHANE	ND	0.50				
	2,2-DICHLOROPROPANE	ND	0.50				
	O-CHLOROTOLUENE	ND	0.50				
	P-CHLOROTOLUENE	ND	0.50				
		ND	0.50				
	BROMOBENZENE 1,3-DICHLOROPROPENE*	ND	0.50				
	1,2,4-TRIMETHYLBENZENE	ND	0.50				
		ND	0.50				
	1,2,3-TRICHLOROBENZENE N-PROPYLBENZENE	ND	0.50				
		ND	0.50				
	N-BUTYLBENZENE		0.50				
	NAPHTHALENE*	ND			•		
	HEXACHLOROBUTADIENE	ND	0.50				
	1,3,5-TRIMETHYLBENZENE	ND					
	P-ISOPROPYLTOLUENE	ND	0.50				
	ISOPROPYLBENZENE	ND					
	TERT-BUTYLBENZENE	ND	0.50				
-	SEC-BUTYLBENZENE	ND	0.50				_
	FLUOROTRICHLOROMETHANE	ND	0.50	<u> </u>			
	DICHLORODIFLUOROMETHANE*	ND	0.50	Check	cthis box if attaching lab report to show ac	Iditional VO	3
	BROMOCHLOROMETHANE	ND	0.50	results/co	ntaminants tested.		
	METHYL TERTIARY BUTYL ETHER (MTBE)#	ND	0.50		F	RECEIV	F

[#] Required

^{*} DEP ORSG limit established

Surrogate Name	% Recovery (70-130%)
p-Bromofluorobenzene	84.2
1, 2-Dichlorobenzene d4	104

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

If not submitting these results electronically, mall TWO copies of this report to our DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial Date)	Review	□ wqts
Accepted Disapproved	Comments	Data Entered



VOC

Page 1 of 2

Volatile Organic Contaminant Report

I. PWS INFOR	MATION: F	Please refer to your	DEP Water Qu	ality Sampli	ng Sche	dule (WQSS) to help	con	iplete th	is form			
PWS ID#:	0103	07001		C	ity/Towr	ı	Aquinnah						
PWS Name:	Aqu	innah Wampanoag	Fribal Housing A	uthority			PWS Clas	ss:	CON	n 🗹 N	ITNC [TNC	
DEP LOCATION (LOC) ID#		DEP Location	on Name		Sar	nple ir	nformation		ample dified?	Date Collecte	ed (Collecte	d By
Ep001	Pump Ho	use			☐ (M)u ☑ (S)ir	ltiple igle	✓ (R)aw ☐ (F)inished	Yes	V	12/21/20	СМ		
Routine or	(Original, Resubmitt					If Resubmitted	Rep	ort, list	below:			
Special Sample	<u> </u>	Confirmation Rep	ort	(1)	Reason	or Re	submission	•	(2) Coll	ection Da	te of Or	iginal S	ample
☑RS 🗌 SS	Orlgina	Resubmitted	Confirmation	Resample	Rear	alysis	Report Correc	ction					
SAMPLE NOTE	S - Such a	as, if a Manifold/Mult	iple sample, list	the sources	that were	on-lin	ne during sampl	e col	ection.				
III. ANALYTICA	L LABOR	ATORY INFORMATI	ON:										
Primary Lab M	A Cert. #:	M-MA009 Pri	mary Lab Nam	e: Barnst	able Cou	nty La	b			Subcont	racted?	(Y/N)	N
Analysis Lab N	IA Cert.#	M-MACO9 An	alysis Lab Nam	e: Barnst	able Cou	nty La	b						
Lab Meti	rod	Date Extracted (551.1 only)	Date Analyzed	Lab Sam	ple ID#		SAMPLE NOTI d or additional con				s to whe	her samp	ole was
EPA 524	1.2		12/23/20	201234	19-01								
Was this Sa composited by		COMPOSITE SAM	PLE NOTES Ple	ase list the co	mposited	sources	by DEP Source C	Code (XXXXXX	(-XXX), up t	o five indi	viduel so	urces.
Yes 🔲 N	· 🗸												



CAS#	REGULATED VOC CONTAMINANT	Results ug/L	MCL ug/L	MDL ug/L
71-43-2	BENZENE	ND	.5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
. 79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	, 0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	. ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	. ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.	0.50



Volatile Organic Contaminant Report

JAN 04 2021

Page 2 of 2

PWS ID#:

010307001

Lab Sample ID#

20123419-01

CAS#	UNREGULATED VOC CONTAMINANTS	Results ug/L	MDL ug/L	CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS (Report if analyzed or otherwise detected)	Results ug/L	MDL ug/L
	CHLOROFORM*	ND	0.50	109-99-9	TETRAHYDROFURAN (THF)*		
	BROMODICHLOROMETHANE	ND	0.50	75-65-0	TERT-BUTYL ALCOHOL (TBA)*		
	CHLORODIBROMOMETHANE	ND	0.50		TERT-AMYL METHYL ETHER (TAME)*		
75-25-2	BROMOFORM	ND	0.50		ETHYL TERTIARY BUTYL ETHER		
541-73-1	M-DICHLOROBENZENE	ND	0.50	35, 32 3	(ETBE)		
74-95-3	DIBROMOMETHANE	ND	0.50	108-20-3	DI-ISOPROPYL ETHER (DIPE)		
563-58-6	1,1-DICHLOROPROPENE	ND	0.50		ACETONE*		-
75-34-3	1,1-DICHLOROETHANE*	ND	0.50		FREON 113*		
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50		METHYL ETHYL KETONE (MEK)*		
142-28-9	1,3-DICHLOROPROPANE	ND	0.50		METHYL-ISOBUTYL KETONE (MIBK)*		_
74-87-3	CHLOROMETHANE	ND	0.50	100-10-1	INETITE-ICOBOTTE RETORE (MIBR)		
74-83-9	BROMOMETHANE*	ND	0.50				
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50				
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50				
75-00-3	CHLOROETHANE	ND	0.50				_
594-20-7	2,2-DICHLOROPROPANE	ND	0.50				
95-49-8	O-CHLOROTOLUENE	ND	0.50				
106-43-4	P-CHLOROTOLUENE	ND	0.50				
108-86-1	BROMOBENZENE	ND	0.50				· ·
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50				
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50				<u> </u>
	1,2,3-TRICHLOROBENZENE	ND	0.50				<u> </u>
	N-PROPYLBENZENE	ND	0.50				
	N-BUTYLBENZENE	ND	0.50				<u> </u>
91-20-3	NAPHTHALENE*	ND	0.50				
	HEXACHLOROBUTADIENE	ND	0.50		·		
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50				<u> </u>
	P-ISOPROPYLTOLUENE	ND	0.50	<u> </u>			
	ISOPROPYLBENZENE	ND	0.50				
	TERT-BUTYLBENZENE	ND	0.50				<u> </u>
	SEC-BUTYLBENZENE	ND	0.50				
	FLUOROTRICHLOROMETHANE	ND	0.50				
	DICHLORODIFLUOROMETHANE*	ND	0.50				
	BROMOCHLOROMETHANE	ND	0.50		k this box if attaching lab report to show a entaminants tested.	dditional VO	C
1634-04-4	METHYL TERTIARY BUTYL	ND	0.50	results/co	miaminants tested.		

[#] Required

^{*} DEP ORSG limit established

Surrogate Name	% Recovery (70-130%)
p-Bromofluorobenzene	84.2
1, 2-Dichlorobenzene d4	104

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

If not submitting these results electronically, mail TWO copies of this report to our DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial Date)	Review	
Accepted Disapproved	Comments	Data Entered



VOC

Volatile Organic Contaminant Report

Page 1 of 2

I. PWS INFOR	MATION: P	lease refer to you	ır DEP Water Qu	ality Sampli	ing Sche	dule (WQSS) to help	com	plete th	is form		
PWS ID #:	01030	7001		C	ity/Town		Aquinnah					
PWS Name:	Aqui	nnah Wampanoag	Tribal Housing A	uthority			PWS Clas	ss:	CON	I 🗹 NTN	C TNC	
					1		± 1		· -			
DEP LOCATION (LOC) ID#		DEP Loca	tion Name	,	San	iple li	nformation		imple lified?	Date Collected	Collected	d By
Ep001	Pump Hou	ISE			☐ (M)u ☑ (S)in		✓ (R)aw ☐ (F)inished	Yes	V	12/21/20	СМ	
Routine or	0	riginal, Resubm	tted or				If Resubmitted	Rep	ort, list	below:		*
Special Sample		Confirmation R	port	(1)	Reason f	or Re	submission		(2) Coll	ection Date o	of Original S	ample
☑ RS □ SS	✓ Original	Resubmitted	Confirmation	Resample	e Rean	alysis	Report Correct	ction				
SAMPLE NOTE	S - Such a	s, if a Manifold/Mu	Itiple sample, list	the sources	that were	on-lir	ne during sampl	e coll	ection.			
		-									•	
III. ANALYTICA	L LABORA	TORY INFORMA	TION:									
Primary Lab Ma	A Cert. #:	M-MA009 F	rimary Lab Nam	e: Barnst	able Cou	nty La	ıb			Subcontrac	ted? (Y/N)	N
Analysis Lab N	IA Cert.#	M-MA009	nalysis Lab Nam	e: Barnst	able Cou	nty La	ıb					
Lab Meti	rod	Date Extracted (551.1 only)	Date Analyzed	Lab Sam	ple ID#		SAMPLE NOT				whether samp	le was
EPA 524	1.2		12/23/20	201234	19-01							
Was this Sa		COMPOSITE SA	MPLE NOTES Ple	ase list the co	mposited s	ources	by DEP Source C	Code (000000	(-XXX), up to fiv	e individual sou	rces.
composited by						·	· · · · · · · · · · · · · · · · · · ·					
Yes 🗌 N	o 🗸											



CAS#	REGULATED VOC CONTAMINANT	Results ug/L	MCL ug/L	MDL ug/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
. 79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND .	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND ·	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	.70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50



W	/S ID #:	0103	07001			Ci	ity / Town:	Aqu	innah					hority
	/S Name:			anoag Tribal Hous	sing Authority				PWS C	lass:	co	M 🕢 I	NTNC	_ TNC _
	DEP LOCATION			DEP Location			Sample	inform	nation	Sam Acidif		Dat Collec		Collected B
	EP001		Pump Hous	e	ii		(M)ultiple		(R)aw	Yes		12/01/20	0	Customer
	2, 00,			-			(S)ingle (M)ultiple		(R)aw	Yes				
		-					(S)ingle (M)ultiple		(F)inished (R)aw	Yes				
_		4					(S)ingle (M)uitiple	H	(F)inished (R)aw		_			
							(S)ingle		(F)inished	Yes		Halasii		
	Routine or Special Sam			ginal, Resubmitte onfirmation Rep		(1	1) Reason fo				(2) C	original :	Sample	Collected D
İ	Ø RS □ S	s	✓ Original [Resubmitted] Confirmation	Resam	nple Reana	ysis 🗌	Report Co	orrection				
1	□ RS □ S	s	Original [Resubmitted] Confirmation	Resam	nple Reana	ysis [Report Co	rrection				
1	□ RS □ S	s	Original [Resubmitted] Confirmation	Resan	nple Reana	lysis 🗌	Report Co					
1	☐ RS ☐ S	s	Orlginai [Resubmitted] Confirmation	Resam	<u> </u>		Report Co		<u> </u>			·
,	SAMPLE NO	TES -	- (Such as,	, if a Manifold/Mult	liple sample, li	st the sou	rces that wer	e on-lin	e during s	ample	collec	tion.)	· ·	
									· .					· .
1	•													
	NALYTICAL ary Lab MA Ce		ORATORY	INFORMATION		arnstable	County Healt	h Lab				Subconti	racted?	(Y/N) N
n	ary Lab MA Ce ysis Lab MA Ce	rt #:	M-MAC	009 Primary La	ab Name: B	arnstable	County Healt	h Lab				Subconti		
n	ary Lab MA Ce	rt #: ert #:		009 Primary La	ab Name: B	arnstable Lab Met		h Lab	Date a	nalyze		Subconti		(Y/N) N Lab
1	ary Lab MA Ce ysis Lab MA Ce NITRITE	rt #: ert #:	M-MAC	Primary La Analysis L	ab Name: B	Lab Met		h Lab	Date a			Subconti	Sam	Lab
n	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L)	rt #: ert #:	M-MA0	Analysis L MDL (mg/L)	ab Name: B	Lab Met		h Lab	1			Subconti	Sam	Lab ple ID#
1	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L)	rt #: ert #:	M-MA0 MGL (mg/L) 1.0	Analysis L MDL (mg/L)	ab Name: B	Lab Met		h Lab	1			Subcontr	Sam	Lab ple ID#
1	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L)	rt #: ert #:	MGL (mg/L)	Analysis L MDL (mg/L)	ab Name: B	Lab Met		h Lab	1			Subconti	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25	equal	MGL (mg/L) 1.0 1.0 1.0 to or exceeding the MCL	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0	Lab Met	thod	h Lab	1			Subconti	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25	equal excee	MGL (mg/L) 1.0 1.0 1.0 to or exceeding the MCL exceedances	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0	Lab Met	thod	h Lab	1			Subconti	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 Shed water results liked water results ly MassDEP of an	equal excee	MGL (mg/L) 1.0 1.0 1.0 to or exceeding the MCL exceedances	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0	Lab Met	thod	h Lab	1			Subcontr	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 Shed water results liked water results ly MassDEP of an	equal excee	MGL (mg/L) 1.0 1.0 1.0 to or exceeding the MCL exceedances	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0	Lab Met	thod	h Lab	1			Subconti	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 Shed water results liked water results ly MassDEP of an	equal excee	MGL (mg/L) 1.0 1.0 1.0 to or exceeding the MCL exceedances	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0	Lab Met	thod	h Lab	1			Subcontr	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 Shed water results liked water results ly MassDEP of an	equal excee	MGL (mg/L) 1.0 1.0 1.0 to or exceeding the MCL exceedances	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0	Lab Met	thod	h Lab	1			Subcontr	Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 shed water results hed water results y MassDEP of an LAB SAMPLE	equal exceed y MCI	M-MAC MGL (mg/L) 1.0 1.0 1.0 1.0 to or exceeding the MCL exceedances	Analysis L MDL (mg/L) 0.050	ab Name: Bab Name: EPA 300.0 EPA 300.0 5 mg/L) triggers confirmation samples person terein is	Lab Met	thod		12/03				Sam	Lab ple ID#
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 shed water results thed water results y MassDEP of an LAB SAMPLE	equal excess y MCI	M-MAC MGL (mg/L) 1.0 1.0 1.0 1.0 1.0 Ito or exceeding the MCL exceedances FES Junder penaltic mm and the Infe to the best e	Analysis L MDL (mg/L) 0.050 172 of the MCL (0.0f 1 mg/L requires of 1 mg/L remains of 1 mg/L remain	ab Name: Bab Name: EPA 300.0 EPA 300.0 5 mg/L) triggers onfirmation sample person terein is ge.	quarterly moling within	thod conitoring. 24 hours. ry Lab Director	or Signa	ature:	30	od di	20	Sam 20123	Lab ple ID# 206-01
	ary Lab MA Ce ysis Lab MA Ce NITRITE Result (mg/L) 0.25 shed water results thed water results y MassDEP of an LAB SAMPLE	equal exceeding y MCL	MGL (mg/L) 1.0 1.0 1.0 1.0 1.0 to or exceeding the MCL exceedances FES under penaltic m and the infe to the bost of the bost of the bost of the days after	Analysis L MDL (mg/L) 0.050 og 1/2 of the MCL (0. of 1 mg/L requires constitution contained howtent of my knowledgelly, mail TWO coplet the end of the reportition.	ab Name: Bab Name: EPA 300.0 EPA 300.0 5 mg/L) triggers confirmation sample person to large period, which	quarterly moling within	thod conitoring. 24 hours. ry Lab Director	or Signa	ature:	30	od di	20	Sam 20123	Lab ple ID# 206-01



14 ANO 4 2021

Nitrate Report

P۷	889 HALOKI	INITIO	N: Please	refer to your DEP W	ater Quality	Sampling	Sch	edule (WQ	SS)	to help co		11110	orm 	
	IS ID #:	0103	07001		Cit	City / Town: Aquinnah								
PΝ	/S Name:	Aqui	nnah Wamp	anoag Tribal Housin	g Authority					PWS C	lass:	CO	M M NTNC	TNC _
DEP LOCATION (LOC) ID#		N	DEP Location Name				Sample In			formation Samp			Date Collected	Collected By
A	EP001		Pump Hous	:e				(M)ultiple (S)ingle		(R)aw (F)inished	Yes		12/01/20	Customer
В							B	(M)ultiple (S)ingle		(R)aw (F)inished	Yes			
С							(M)ultiple	(R)aw (F)inished	(R)aw (F)inished	Yes				
D							(M)ultiple (S)ingle		(R)aw (F)inished	Yes				
	Routine o		Original, Resubmitted or Confirmation Report			If Resubmitted Report, ii (1) Reason for Resubmission (2)								le Collected Date
Α	✓ RS				Confirmation	Resam	ple[Reanalysi	s [Report Co	orrection			
В		SS	Original	Resubmitted C	Confirmation	Resam	ple[Reanalysi	5 <u></u>	Report Co	prection			
С		ss .	Original	Resubmitted C	Confirmation	Resam	ple	Reanalysi	s [Report Co	orrection	<u> </u>		
D		SS	Original	Resubmitted C	Confirmation	Resam	ple	Reanalysi	s [Report Co	orrection			
	SAMPLE NO	TES -	- (Such as	, if a Manifold/Multipl	e sample, li	st the sour	ces	that were o	n-lin	e during s	ample	collec	tion.)	
Α														
В								,						
С				•										
D														
	ary Lab MA C ysis Lab MA C		M-MAC	O09 Primary Lab Analysis Lab	_	arnstable (Cour	ity Health L	.ab				Subcontracted	? (Y/N) N
	NITRATE Result (mg/	L)	MCL (mg/L)	MDL (mg/L)		Lab Met	hod			Date a	nalyze	d	Sar	Lab mple ID#
<u>Α</u> Ι	Result (mg/	L)	(mg/L)		EPA 300.0		hod	-		Date a		đ	138	
A)	(mg/L)	(mg/L)	EPA 300.0		hod					d	138	mple ID#
В	Result (mg/)	(mg/L) 10 10	(mg/L)	EPA 300.0		hod					d	138	mple ID#
B C	Result (mg/	-)	(mg/L) 10 10	(mg/L)	EPA 300.0		hod					d	138	mple ID#
B C D Fini	0.25	ts equal	(mg/L) 10 10 10 10 10 to or exceeding the MCL	(mg/L) 0.10 ng 1/2 of the MCL (5 mg. of 10 mg/L requires co	a/l.) triagers a	uarteriy mon	ltorin	g. ours.				d	138	mple ID#
B C D Fini	0.25 shed water resultated water resulta	ts equal ts excee	(mg/L) 10 10 10 10 to or exceeding the MCL. exceedances	(mg/L) 0.10 ng 1/2 of the MCL (5 mg. of 10 mg/L requires co	a/l.) triagers a	uarteriy mon	ltorin	g. ours.				d	138	mple ID#
B C D Fini Noti	0.25 shed water result hed water result fy MassDEP of a	ts equal ts excee	(mg/L) 10 10 10 10 to or exceeding the MCL. exceedances	(mg/L) 0.10 ng 1/2 of the MCL (5 mg. of 10 mg/L requires co	a/l.) triagers a	uarteriy mon	ltorin	g. ours.					138	mple ID#
B C D Finis Noti	0.25 shed water result hed water result fy MassDEP of a	ts equal ts excee	(mg/L) 10 10 10 10 to or exceeding the MCL. exceedances	(mg/L) 0.10 ng 1/2 of the MCL (5 mg. of 10 mg/L requires co	a/l.) triagers a	uarteriy mon	ltorin	g. ours.				d	138	mple ID#
B C D Finite Notice A B C	0.25 shed water result hed water result fy MassDEP of a	ts equal ts excee	(mg/L) 10 10 10 10 to or exceeding the MCL. exceedances	(mg/L) 0.10 ng 1/2 of the MCL (5 mg. of 10 mg/L requires co	a/l.) triagers a	uarteriy mon	ltorin	g. ours.				4	138	mple ID#
B C D Sinis Noti	Result (mg/l 0.25 shed water resulthed water resulty MassDEP of a LAB SAMPI	ts equal ts exceed any MCI E NO I certify it this for complete	(mg/L) 10 10 10 10 10 to or exceeding the MCL exceedances TES	(mg/L) 0.10 ng 1/2 of the MCL (5 mg, of 10 mg/L requires cos.	g/L) triggers qualifimation san	primar	y La	b Director		12/03 ature:	311	Del.	2012	mple ID# 3206-01
B C D Sinistrict Notice A B C D	Result (mg/l 0.25 shed water resulthed water resulty MassDEP of a LAB SAMPI	ts equal ts excee any MCI LE NO I certify it this for completese res ter than	(mg/L) 10 10 10 10 10 10 10 I to or exceeding the MCL. exceedances TES under penallium and the inite to the best cuits electronic 10 days after	(mg/L) 0.10 ng 1/2 of the MCL (5 mg. of 10 mg/L requires cos. es of law that am the promition contained herextent of my knowledge. ally, mail TWO copies of the end of the reporting	g/L) triggers qu nfirmation san erson ein is of this report to period, which	primar	y La	b Director		12/03 ature:	311	Del.	2012	mple ID# 3206-01





IOC TO

Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form												
PWS ID#:	010307	001]			City / Town:	Aquinnah					
PWS Name:	Aquinna	ah Wampan	oag Tribal H	lousing Au	thority		PWS	PWS Class: COM V NTNC The				
DEP LOCATION (LOC) ID#		DEP L	ocation Na	me		'Please noto all s	le information samples are considered finished water if there is no i	Date Collected	Collected By			
EP001	Pump House	Ð				☐ Multiple ✓ Single	Raw Finished	12/01/20 Customer				
Routine or		iginal, Resu Confirmatio			14	Donner for I		nitted Report, list below: n (2) Collection Date of Original Sample				
Special Sampl	✓ Original	Resubmit	581	nfirmation	(1) Reason for Resubmission (2) Collection Date of Original Resample Reanalysis Report Correction							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the spources that were on-line during sample collection.)												
A SHALL MAN TO A SHALL MAN TO A SHALL MAN TO A SHALL MAN TO A SHALL WAS A SHAL												
II. ANALYTICAL LABORATORY INFORMATION Primary Lab MA Cert. #: M-MA009 Primary Lab Name: Barnstable County Health Lab Subcontracted? (Y/N) N												
Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab M	ethod	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name		Lab Sample ID#		
ANTIMONY	ND	0.006	0.001	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
ARSENIC	ND	0.010	0.001	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
BARIUM	0.0086	2	0.001	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
BERYLLIUM	ND	0.004	0.001	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
CADMIUM	ND	0.005	0.001	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
CHROMIUM	ND	0.1	0.001	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
CYANIDE	ND	0.2	0.01	SM 4500-CN-C,E		12/08/20	M-MA009	Barnstable County Lab		20123206-01		
FLUORIDE 1	Ö.19	4.0	0.50	EPA 300.0		12/03/20	M-MA009	Barnstable County Lab		20123206-01		
MERCURY 2	ND	0.002	0.0001	EPA 2	8.00	12/21/20	M-MA009	Barnstable County Lab		20123206-01		
NICKEL	ND	0.1*	0.001	EPA 2	8.00	12/21/20	M-MA009	Barnstable County Lab		20123206-01		
SELENIUM	ND	0.05	0.005	EPA 200.8		12/21/20	M-MA009	Barnstable County Lab		20123206-01		
SODIUM	16	20*	2.5	SM 3111B		12/29/20	M-MA009	Barnstable County Lab		20123206-01		
THALLIUM							Barnstable Coun		20123206-01			
Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16. Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP. No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.												
Was this Sample the L		oy Compo List	Composite Sample Notes List the composited sources by DEPSource Code (XXXXXXX-XXX), up to five sources per sample.									
Yes			·									
LAB SAMPLE	NOTES											
. •				· · · · · · · · · · · ·								
I certify under penelties of law that I am the person authorized to III out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge. Primary Lab Director Signature: Date: 7/D+7/20												
If not submitting these results electronically, mall TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.												
DEP REVIEW STATUS (Initial and Date) Revièw												
Accepted	☐ Disapproved				Comme	nts				Data Entered		